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Nursing News: July 2004

St. Cloud Hospital

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NURSING NEWS



Volume 25, Number 7

St. Cloud Hospital, St. Cloud, MN

July, 2004

St. Cloud Hospital Becomes a Magnet Hospital

St. Cloud Hospital has received the highest national and international recognition for its excellence in the delivery of nursing services — Magnet Hospital designation.

Magnet designation recognizes health care organizations that promote professional practice environment — resulting in quality patient care and positive patient outcomes. Currently, the Mayo hospitals in Rochester are the only Minnesota health care organizations with Magnet designation.

The Magnet program is the result of research conducted by the American Academy of Nursing in 1983 that identified 41 hospitals with “magnetic” attributes which attracted and retained nurses who promoted quality patient care. In 1990 the American Nurses Association established the Magnet Recognition Program for Excellence in Nursing Services, and in 1994 the first Magnet award was given. Nationally, there are 102 hospitals designated as Magnet. Recent research indicates that Magnet hospitals have characteristics that relate to superior patient outcomes, attraction of top-quality personnel with a collaborative work environment, improved employee rates and higher employee and patient satisfaction.

Achieving Magnet status became a strategic priority for St. Cloud Hospital in 2002 when the benefits of becoming a Magnet hospital became apparent, such as recognition for high-quality patient outcomes, market advantage in patient volumes and competitive advantage in the recruitment of health care staff.

Darla Mergen
Communications Specialist

Latex Allergy Emergencies

In each Omnicell is a “Latex Allergy Emergency Kit” which contains the medications needed to treat an allergic reaction. The medications are Epinephrine 1 mg ampule (1:1000), Diphenhydramine 50 mg injection (Benadryl), Methylprednisolone Sodium Succinate 125 mg injection (SoluMedrol), Glucagon 1mg. Remember that its there so you don't have to pull out each medication separately.

The latex allergy policy directs you to Institute the *Standing Orders for Anaphylactic Shock* (see attached) if indicated by symptoms. Clinical findings may depend on the sensitivity of the patient, the route of exposure and the quantity of the antigen in the product.

Most severe reactions usually occur when the latex proteins contact the mucous membrane of a latex sensitive patient. However, anaphylactic reactions have resulted from both skin contact and inhalation exposure to free latex proteins in the air.

1. Type IV (contact dermatitis, often delayed) - redness, swelling, papules, itching, excema. A person may have a sensitivity to latex proteins that manifests itself as contact dermatitis. However, when the latex product comes into contact with mucous membranes, the same individual may have an anaphylactic reaction. This individual is also at higher risk to develop Type I reactions.
2. Type I (systemic, immediate) - urticaria, rhinitis, conjunctivitis, asthma, hypotension, angioedema, bronchospasm, nausea, vomiting, shock/cardiac arrest, and death.

Reference: Care of Patient with Latex Allergy Policy, SCH

Submitted by the Patient Safety Committee

IV Therapy

The IV Therapy Subgroup has decided to do an RN survey and IV audit. In return, appropriate education can be provided to increase IV therapy compliance. Members of the IV subgroup will complete the IV audit.

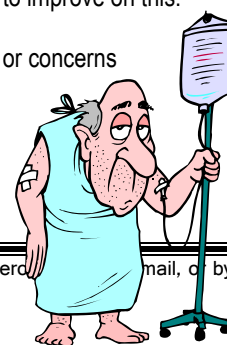
We will be distributing the RN survey on July 12th to all RNs hospital-wide. We encourage you to participate and return the survey by August 1st.

Surveys done in the past generally implied that staff didn't want to relinquish their responsibilities related to IV therapy. However, the consensus was that it is important to have resource staff available who can assist clinically.

It is beneficial to know your wants and needs. Education is key. We can save money, increase quality, and improve outcomes. We have highly skilled staff and provide quality care related to IV therapy at St. Cloud Hospital. We want to continue to improve on this.

Please call if you have any questions or concerns about the audit.

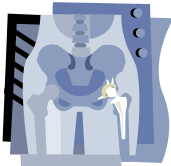
Amy Gorecki, RN
Patient Care Support



Ext. 54597

Muscle-Sparing Procedure Provides Alternative for Hip Replacement Surgery

Orthopedic Surgeon Joseph Nessler, M.D., of St. Cloud Orthopedic Associates, has worked with Stryker Orthopedics to develop a muscle-sparing hip replacement surgery that has the potential to make recovery faster and less painful. As of June 9, Dr. Nessler has done more than 150 muscle-sparing hip replacement surgeries at St. Cloud Hospital.



"Instead of one incision, we use two incisions; one on the side and one in the front," said Dr. Nessler.

"There's a 2 to 4 inch incision to place the socket and a 1 to 2 inch incision behind the thighbone to place the ball and stem."

Potential benefits of the muscle-sparing hip replacement include:

- Less tissue trauma; muscles and tendons are not cut
- Reduced blood loss
- Smaller incisions with less scarring; two smaller incisions, rather than one 8" to 12" incision
- Shorter hospital stay; one to two days versus four to five days
- Quicker and less painful rehabilitation
- Faster return to work and daily activities

Recovery:

The patient is allowed out of bed the day of surgery with a walker or cane. While in the hospital, a physical therapist shows patients exercises that they can do on their own. Many patients are only using a cane when they leave the hospital — are taking only a non-narcotic pain reliever and an anti-inflammatory medication. Two to three weeks after surgery, most patients can walk without a cane. Within three to four weeks, patients can resume their regular activities.

Candidates for surgery:

Dr. Nessler has performed the muscle-sparing procedure on patients ranging in age from 35 to 88; the average patient age is 60 years old. All people are good candidates unless they previously had hip surgery or have significant deformity of the hip.

Comparisons:

The new muscle-sparing hip replacement costs the same for the patient as the traditional procedure. The long-term results of both procedures are the same. "Hip replacements are one of most successful things we do," said Dr. Nessler, who performs about 400 hip and knee replacements annually.

Future Directions:

Starting this summer, Dr. Nessler plans on utilizing an imageless computer navigation system in muscle-sparing hip replacement surgery.

"Computer navigation for hip replacement is a new development and promises to significantly improve the accuracy of implant placement in both traditional and muscle-sparing approaches," said Dr. Nessler. In addition, Dr. Nessler is working with Stryker Orthopedics in the development of a new prosthesis design that may promise to make muscle-sparing surgery even easier and safer to perform.

Cheri Tollefson

Communications Specialist, St. Cloud Hospital

"Look Alike/Sound Alike" Medications – Chapter XI

Medication error reports are caused by drug names sound or look the alike. They may not look alike in print or sound alike when read, but, when handwritten or verbally communicated, these names could cause a mix-up.

AGGRASTAT
COUMADIN
LEXAPRO
propylthiouracil
TORADOL
VANTIN
ZYRTEC



AGGRENOX
AVANDIA
LOXITANE
PURENITHOL
TEGRETOL
VENTOLIN
XANAX

The list above includes recent and common mix-ups that have occurred and those that have the potential to cause a mix-up, nationally or here at St. Cloud Hospital. (Brand names are capitalized.)

Sound Alike Numbers:

6 and 16; 16 and 60

For numbers, say "sixteen: one-six" or "sixty: six-zero."

Nancy A. Sibert

Medication Safety Pharmacist

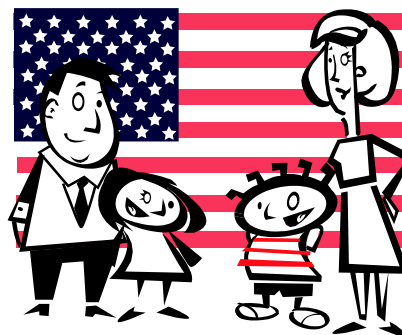
Educational and Professional Development Programs

September, 2004

22nd Basic Preceptor, Fireside Room
28/29th TNCC Initial, Conference Center

October, 2004

14th LPN Alliance, Kelly Inn
29th Orthopedic Conference, Windfeldt Room



Have a Safe and Happy 4th of July!

Congratulations to the Following Who Have Achieved or Maintained Their Level IV and III Clinical Ladder Status!

Level IVs

Alice Schneider, RN, IBCLC Family Birthing

- Fetal Monitor 101 and Fetal Monitor Assessment and Review Class
- MPO Presentation – Leopold's Maneuver
- Labor and Delivery Class
- Outreach Classes, Fetal Monitoring (Staples/Paynesville)
- Primary Preceptor
- AWHONN Principles and Practice
- Chair, Lactation Advisory Committee
- RNC, IBCLC

Kirsten Skillings, RN, MSN Critical Care N/S

- Trauma Class
- Certified Donor Requestor
- Critical Care Potpourri: Family Centered Care in the Critical Care Setting
- Ethics, Critical Care Orientation
- Magnet Research Poster
- CMAC Program Committee
- ACLS
- Code Blue Certification
- Masters of Arts in Nursing
- Research for Procedural Manual for AACN

Denise Zwilling, CCRN Critical Care East

- Advanced EKG Class
- PIC – CCP
- Angiogram – CCP
- Critical Care Flowsheet
- Certified Donor Requestor
- Nursing Process Core Group Leader
- Smoking Cessation Poster
- Critical Care Nurse Practice
- CMAC
- CCRN
- Evolve Study MCC135

Level IIIs

Karen Lashinski, RN Center for Surgical Care

- Perinatal Loss CCP
- Peri-op Open House, Annual Breakfast with Office Schedulers
- Interpreter Service Form
- PI Committee
- Patient Safety Checklist Audit
- Preceptor
- SDS Organization
- RTS, CentraCare Foundation, Kids Task Form

Carrie Gertken, RN Family Birthing

- Child Passenger Safety Clinic
- Somali Video
- Review of FBC Policies
- Stations Fluid Warmers and Bili Beds
- Patient Care Council

Jodi Lillemoen, RN Med/Onc

- Smoking Cessation Story Board
- CHF Inservice
- Pain Recheck Sticker
- CHF Core Values Poster
- CHF Reference Binder
- Assessment and Treatment Audit
- Preceptor
- Chemo, Implanted Ports, Certifies Staff

Nate Manning, RN Telemetry

- Advanced EKG Class
- Code Blue Skill Station
- Hypovolemia and Hypovolemic Shock Module

Kathy Morin, RN, BSN Surgical Care

- Urology Inservice
- Preceptor
- ROE Committee

Tiffany Omann-Bidinger, RN, BSN Ortho/Neuro

- MS Case Study Poster
- Dressing Change Poster
- Health 101, Minimally Invasive Spine Surgery
- PI Committee
- Total Joint Class and Revision of Total Joint Class
- Sigma Theta Tau, AANN
- Skin Task Force
- Neuroscience Committee
- Patient Education Committee

Kathy Toulouse, RN Rehab

- JCAHO Game, Spring Education
- Rehab Care Plan Revisions
- Certified Donor Requestor
- St. Ben's, SCSU Senior Leadership Students
- Good Catch Form
- Chair, Rehab PI Committee
- PI Audits
- CNPC/CPCC, ONR Ed Council, Rehab Clinical Practice